

PAYMENTS

Supplemental Invoices

B.5.e

Description

A supplemental invoice is submitted at the end of a fiscal year if all four quarterly invoices have been sent to OFP for payment and additional expenditures for that period were not included on the invoices. Expenses submitted must be actual expenditures for that fiscal year.

Invoice Format

An Excel file is provided by OFP containing templates for fiscal administration. Use of this workbook is **mandatory**. A spreadsheet is provided in this file for the supplemental invoice. Instructions for completing invoices are located on the first tab of the workbook titled "Guide".

An original and one copy of the invoice must:

- Be printed on Agency letterhead,
- Be signed (in blue ink) by the Fiscal Officer (or designee),
- Contain all pages of the invoice including the detail pages, and
- Include the Contractor Equipment Purchased with DHS Funds form (refer to your executed grant) if equipment is purchased in the invoice period.

Submitting an Invoice

Submit a Supplemental Invoice within ninety (90) calendar days of the close of that fiscal year.

Invoices will be submitted to:

Contract Manager
California Department of Health Services
Maternal, Child and Adolescent Health/Office of Family Planning
MS 8305
P.O. Box 997420
Sacramento, CA 95899-7420

If using Courier Delivery (i.e. UPS, FedEx, Golden State Overnight, etc.) deliver to:

Contract Manager
California Department of Health Services
Maternal, Child and Adolescent Health/Office of Family Planning
MS 8305
1615 Capitol Avenue, Suite 73.560
Sacramento, CA 95814-5015

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Note: All document deliveries not including the mail station number MS 8305 will be returned to sender by the DHS Mail Services Unit.

Receipt of Payment

Allow forty-five (45) to sixty (60) days for processing of a grant payment from the date OFP receives your request. Please contact your Contract Manager if you have not received your payment within sixty-five (65) days.